Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective\_January\_1,\_2003\_

200311228-

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			27				RAT	Έ	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			27 minus 20=		* 7		X\$ 9	9=		OR	X\$18=	126
INDEPENDENT CLAIMS			5 minus 3 =		*		X42	!=		OR	X84=	1-70
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+14	)=		OR	+280=	
* If the difference in column 1 is less than zero,					"0" in c	olumn 2	TOT		- Lus	OR		876
CLAIMS AS AMENDED - PAR (Column 1) (Column 1)					nn 2)	(Column 3)			ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		<b>=</b>	X\$.9	)=	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR	. X\$18=	
	Independent	*	Minus			=	X42	= 3		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								)=		OR	+280=	
The same of the sa								TAL		OB.	TOTAL	- 10-
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT.	-			addit. Fee	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X42	=	(3.)	OR	X84=	
-	THIOTTHEOL	WIATION OF WI	JETH LE DEF	CIADCIAI	CLAIIVI		+140	)=		OR	+280=	
			. Y				TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)					-	1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	=	X42	=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIIVI		+140	_		OR	+280=	_
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								ΓAL	)	OR.	TOTAL	
***If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												